

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR NICKNAME			
4 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		MI SUFFIX <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify) _____	
5 ORIGINAL PERIOD COVERED		Month Day Year		Month Day Year	
		12 / 1 / 16		THROUGH 12 / 31 / 16	
6 EXPLANATION OF CORRECTION					
- Incomplete address (4) - Blank date and contribution amount for Randall Scott.					

## 7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

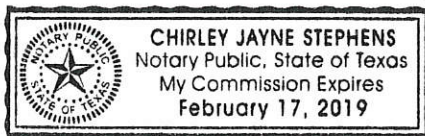
Check ONLY if applicable:



**Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.



**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

*John Cruzot*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Cruzot, this the 30th day of January, 2017, to certify which, witness my hand and seal of office.

*Chirley Jayne Stephens*  
Signature of officer administering oath

Chirley Jayne Stephens  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

John C. Cruzot

3 Filer ID (Ethics Commission Filers)

4 Date

12/2/16

5 Full name of contributor

John Cruzot

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

8185 San Leandro Drive, Dallas, TX 75218

\$ 50. —

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

12/3/16

Full name of contributor

Larry Vanderwoude

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

304 Greenbriar Lane Dallas, TX 75208

\$ 5,000. —

Principal occupation / Job title (See Instructions)

Recovery Services

Employer (See Instructions)

Recovery Healthcare

Date

12/14/16

Full name of contributor

Richard Dunn

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

1201 Elm St Ste. 5200 Dallas TX 75270

\$ 5000. —

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

CLause DUNN

Date

12/16/16

Full name of contributor

Randall Scott

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

123 W Main Street Ste. 202B Grand Prairie, TX 75050

\$ 250 —

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <u>John C. Cruzot</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>12/22/16</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Randall Ackerman</u> 6 Contributor address; City; State; Zip Code <u>8226 Douglas Ave Ste 330</u> <u>Dallas, TX 75225</u>	7 Amount of contribution (\$) <u>\$ 1000.<sup>00</sup></u>
8 Principal occupation / Job title (See Instructions) <u>Attorney</u>		9 Employer (See Instructions) <u>Self</u>
Date <u>12/30/16</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>William T Knox</u> Contributor address; City; State; Zip Code <u>900 Jackson Ste 650</u> <u>Dallas, TX 75202</u>	Amount of contribution (\$) <u>\$ 500.<sup>00</sup></u>
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Self</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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